



SHAYNA ELIANA RICH

License Number: ME126995

Data As Of 8/21/2025

Profession	Medical Doctor
License	ME126995
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	02/11/2016
Address of Record	5609 NW 22nd Pl GAINESVILLE, FL 32605
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

Chapters Hospice 12470 Telecom Drive Suite 301
TEMPLE TERRACE, FL 33637

Address

DocMJ 3400-A SW 34th St
GAINESVILLE, FL 32608

Address

4131 Central Avenue All Women's Health Ctr of Orlanod Inc Suite 5
SAINT PETERSBURG, FL 33713

Address

1545 Huffingham Road All Women's Health Ctr of Orlanod Inc
GAINESVILLE, FL 32216

Address

1800 Pembroke Drive All Women's Health Ctr of Orlanod Inc Suite 300
ORLANDO, FL 32810

Address

1135 NW 23rd Avenue N All Women's Health Ctr of Orlanod Inc
GAINESVILLE, FL 32609

Address

28960 US Hwy 19 N All Women's Health Ctr of Orlanod Inc
CLEARWATER, FL 33761

Address

3300 West Kennedy Blvd All Women's Health Ctr of Orlanod Inc Suite 5
TAMPA, FL 33609

Address

14498 University Cove Pl All Women's Health Ctr of Orlanod Inc Suite 5
TAMPA, FL 33613

Address

431 Maitland Avenue All Women's Health Ctr of Orlanod Inc
ALTAMONTE SPRINGS, FL 32701

Address

2700 South Tamiami Trail All Women's Health Ctr of Orlanod Inc Suite 5

ORLANDO, FL 32810

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:

Division of Medical Quality Assurance

Public Records

4052 Bald Cypress Way, Bin C01

Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

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